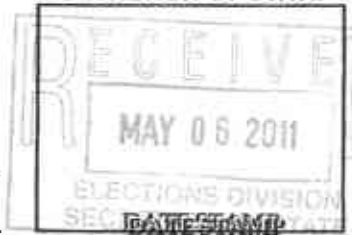


REPORT OF RECEIPTS AND DISBURSEMENTS

Name of Candidate JEFF WALLACEAddress 26159 ELM ROAD County HARRISONTelephone Work 228-255-5577 Home 228-265-1430 Fax 228-255-5999Contact Name RUTH WelchEmail Address RWELCH9564@yahoo.comOffice Sought HOUSE SEAT DIST. 121 Political Party REPUBLICAN☐ Check here if above is different from previous report

- ☒ May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011).....Mandatory
- June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011).....Mandatory
- July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011).....Mandatory
- July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011).....Primary Candidates
- August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011).....Runoff Candidates Only
- October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011).....Mandatory
- November 1, 2011 Pre-Election Report (October 1, 2011, through October 23, 2011).....Mandatory
- November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011).....Runoff Candidates only
- January 10, 2012 Periodic Report (October 30, 2011, through December 31, 2011).....Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation).....Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 8350 +\$	\$	\$ 8350 ⁰⁰
Total amount of disbursements	\$ +\$	\$	\$ 6069.80
Total amount of cash on hand		\$ 2280.20	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Jeff WallaceDate 5-4-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 135, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee JEFF WALLACE

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JEFF WALLACE</u>		<u>112911</u>	\$ <u>4000⁰⁰</u>
Mailing Address <u>26159 ELM ROAD</u>		<u>11</u>	\$
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>		<u>11</u>	\$
Name of Employer (Required) <u>WALLACE WINDOW CLEANING</u>		<u>11</u>	\$
Occupation (Required) <u>OWNER / VICE PRESIDENT</u>	Aggregate year-to-date		\$ <u>4000⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CLARICE WALLACE</u>		<u>212411</u>	\$ <u>2000⁰⁰</u>
Mailing Address <u>26159 ELM ROAD</u>		<u>419111</u>	\$ <u>100⁰⁰</u>
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>		<u>419111</u>	\$ <u>50⁰⁰</u>
Name of Employer (Required) <u>WALLACE WINDOW CLEANING</u>		<u>11</u>	\$
Occupation (Required) <u>PRESIDENT</u>	Aggregate year-to-date		\$ <u>2150⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BRIAN C. WELCH</u>		<u>1128111</u>	\$ <u>100⁰⁰</u>
Mailing Address <u>1600 E. SECOND STREET</u>		<u>11</u>	\$
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>		<u>11</u>	\$
Name of Employer (Required) <u>TRINITY YACHTS</u>		<u>11</u>	\$
Occupation (Required) <u>OUTFITTER</u>	Aggregate year-to-date		\$ <u>100⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DONALD ISHEE</u>		<u>3130111</u>	\$ <u>200⁰⁰</u>
Mailing Address <u>7572 GIANI ROAD</u>		<u>11</u>	\$
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>		<u>11</u>	\$
Name of Employer (Required) <u>DOORWAYS, INC</u>		<u>11</u>	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date		\$ <u>200⁰⁰</u>

Name of Candidate or Committee JEFF WALLACE

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JACK VAN OORD</u>		<u>313011</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>8820 KAILUA PLACE</u>		<u>1 1</u>	\$
City, State, Zip Code <u>DIAMONDHEAD, MS 39525</u>		<u>1 1</u>	\$
Name of Employer (Required) <u>RETIRED</u>		<u>1 1</u>	\$
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date		\$ <u>250⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DOORWAYS, INC</u>		<u>313011</u>	\$ <u>200⁰⁰</u>
Mailing Address <u>13052 Dedeaux Rd</u>		<u>1 1</u>	\$
City, State, Zip Code <u>GULF PORT, MS 39505-3328</u>		<u>1 1</u>	\$
Name of Employer (Required)		<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date		\$ <u>200⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ROLAND SAMSON</u>		<u>414111</u>	\$ <u>50⁰⁰</u>
Mailing Address <u>24355 Oak Island Dr</u>		<u>1 1</u>	\$
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>		<u>1 1</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>1 1</u>	\$
Occupation (Required) <u>PHYSICIAN</u>	Aggregate year-to-date		\$ <u>50⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>COL. MICHAEL RYAN</u>		<u>419111</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>109 DONLIN AVENUE</u>		<u>1 1</u>	\$
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>		<u>1 1</u>	\$
Name of Employer (Required) <u>U.S. ARMY</u>		<u>1 1</u>	\$
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date		\$ <u>250⁰⁰</u>

Name of Candidate or Committee JEFF WALLACE

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>UNITED TRUCK GROUP</u>		<u>4/9/11</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>17260 CANAL RD + I-10 SERVICE ROAD</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>GULFPORT, MS 39503</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MICHAEL WARLEY</u>		<u>4/9/11</u>	\$ <u>100⁰⁰</u>
Mailing Address <u>P.O. BOX 16</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>LONG BEACH, MS 39560</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>HARBOR VIEW CAFE</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>RESTAURANT OWNER</u>		Aggregate year-to-date	\$ <u>100⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BOB VIGNOLA</u>		<u>—/—/—</u>	\$ <u>50⁰⁰</u>
Mailing Address <u>830 SMITH COUNTY ROAD</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>RALEIGH, MS 39153</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>50⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>—/—/—</u>	\$
Mailing Address _____		<u>—/—/—</u>	\$
City, State, Zip Code _____		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee JEFF WALLACE

Reporting period JAN 1, 2011 through APRIL 30, 2011

ITEMIZED DISBURSEMENTS

A. Full name <u>PAYPAL</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>UNKNOWN</u>		<u>3/18/11</u>	\$ <u>0.19</u>
City, State, Zip Code		<u>3/18/11</u>	\$ <u>0.12</u>
Purpose of Disbursement (Optional) <u>VERIFY DONATIONS ONLINE</u>		Aggregate Year-to-date	\$ <u>0.31</u>
B. Full name <u>4OVER, INC</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>ONLINE ORDER</u>		<u>2/28/11</u>	\$ <u>141.38</u>
City, State, Zip Code <u>UNKNOWN</u>		<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>PRINTING</u>		Aggregate Year-to-date	\$ <u>141.38</u>
C. Full name <u>MARDI GRAS OUTLET</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>6640 EYCHEQUER DR.</u>		<u>2/16/11</u>	\$ <u>485.15</u>
City, State, Zip Code <u>BATON ROUGE, LA 70809</u>		<u>2/28/11</u>	\$ <u>485.15</u>
Purpose of Disbursement (Optional) <u>PARADE THROWS</u>		Aggregate Year-to-date	\$ <u>970.30</u>
D. Full name <u>DISCOUNT FAVORS</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>ONLINE ORDER</u>		<u>2/15/11</u>	\$ <u>1189.99</u>
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>PARADE THROWS (KOOZIES)</u>		Aggregate Year-to-date	\$ <u>1189.99</u>
E. Full name <u>GAZEBO GAZETTE</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. BOX 358</u>		<u>1/1/</u>	\$ <u>50⁰⁰</u>
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>		<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>TO PUBLISH AN ARTICLE</u>		Aggregate Year-to-date	\$ <u>50⁰⁰</u>
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee _____

Reporting period JAN 1, 2011 through APRIL 30, 2011

ITEMIZED DISBURSEMENTS

A. Full name <u>GAYLE PARKER - CIRCUIT CLERK</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>HARRISON COUNTY COURTHOUSE</u>		<u>2/7/11</u>	\$ <u>38.00</u>
City, State, Zip Code <u>GULFPORT, MS 39502</u>		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>VOTER REGISTRATION LIST</u>		Aggregate Year-to-date	\$ <u>38.00</u>
B. Full name <u>SOUTHERN PRINTING</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>230 DAVIS AVE</u>		<u>1/25/11</u>	\$ <u>401.25</u>
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>		<u>1/1/11</u>	\$ <u>715.83</u>
Purpose of Disbursement (Optional) <u>MAGNETIC CAR SIGNS; YARD SIGNS</u>		Aggregate Year-to-date	\$ <u>1117.08</u>
C. Full name <u>HARLAND</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>NOT KNOWN</u>		<u>1/26/11</u>	\$ <u>19.95</u>
City, State, Zip Code		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>CHECKS FOR BANK ACCOUNT</u>		Aggregate Year-to-date	\$ <u>19.95</u>
D. Full name <u>ST. PAUL CARNIVAL ASSOC.</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>% ROBIN RAFFERTY - PRES.</u>		<u>3/21/11</u>	\$ <u>300.00</u>
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>PARADE FEE</u>		Aggregate Year-to-date	\$ <u>300.00</u>
E. Full name <u>USPS</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>DAVIS AVE.</u>		<u>2/31/11</u>	\$ <u>88.00</u>
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>POSTAGE</u>		Aggregate Year-to-date	\$ <u>88.00</u>
F. Full name <u>PATTIE RYAN</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>109 DONLIN AVE</u>		<u>4/01/11</u>	\$ <u>144.92</u>
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>RE-IMBURSED FOR SUPPLIES FOR FUNDRAISER</u>		Aggregate Year-to-date	\$ <u>144.92</u>

Name of Candidate or Committee JEFF WALLACEReporting period JAN. 1, 2011 through APRIL 30, 2011

ITEMIZED DISBURSEMENTS

A. Full name <u>SAMS CLUB</u>	Date (Mo., Day, Year) <u>4/8/11</u>	Amount of each disbursement this period \$ <u>216.48</u>
Mailing Address <u>LANDON ROAD</u>		
City, State, Zip Code <u>GULFPORT, MS 39507</u>	<u>4/7/11</u>	\$ <u>17.85</u>
Purpose of Disbursement (Optional) <u>SUPPLIES/FOOD FOR FUNDRAISER</u>	Aggregate Year-to-date	\$ <u>234.33</u>
B. Full name <u>FRIEND OF MINES</u>	Date (Mo., Day, Year) <u>4/10/11</u>	Amount of each disbursement this period \$ <u>165.00</u>
Mailing Address <u>BEATLINE RD</u>		
City, State, Zip Code <u>LONG BEACH, MS</u>	<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>BEVERAGES FOR FUNDRAISER</u>	Aggregate Year-to-date	\$ <u>165.00</u>
C. Full name <u>WAL-MART</u>	Date (Mo., Day, Year) <u>4/10/11</u>	Amount of each disbursement this period \$ <u>12.41</u>
Mailing Address <u>HWY #90</u>		
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>	<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>FOOD FOR FUNDRAISER</u>	Aggregate Year-to-date	\$ <u>12.41</u>
D. Full name <u>ANTHONY GATLIN</u>	Date (Mo., Day, Year) <u>4/15/11</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>72 TECHNOLOGY BLVD.</u>		
City, State, Zip Code <u>ELLISVILLE MS 39437</u>	<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>CREATION OF WEBSITE FOR CAMPAIGN</u>	Aggregate Year-to-date	\$ <u>500.00</u>
E. Full name <u>DELISLE YELLOW JACKETS</u>	Date (Mo., Day, Year) <u>4/18/11</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>% ALBERT FAIRCONE TUE</u>		
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>	<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>ADVERTISEMENT AT PECAN PARK</u>	Aggregate Year-to-date	\$ <u>300.00</u>
F. Full name <u>CLARICE WALLACE</u>	Date (Mo., Day, Year) <u>1/1/11</u>	Amount of each disbursement this period \$ <u>450.35</u>
Mailing Address <u>26159 ELM ROAD</u>		
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>	<u>1/1/11</u>	\$ <u>347.78</u>
Purpose of Disbursement (Optional) <u>RE-IMBURSE FOR PRINTING, FAVORS</u>	Aggregate Year-to-date	\$ <u>798.13</u>